

Foxcroft Academy
Transcript and Recommendation Release Form

Student Name: _____

School / Scholarship: _____

Address of School / Scholarship: _____

Application Deadline: _____

Did you complete the Common Application for this school?

Yes _____ No _____

Major: _____

Permission to Release Transcript

I request the Counseling Services Office to submit to the institution named above a copy of my official transcript containing a list of courses and grades earned.

Please copy the following standardized test scores onto my transcript.

All Tests SAT I SAT II ACT No Tests

One of the above circles must be filled in before transcript can be released.

Student Signature: _____

Parent Signature: _____

(for students under 18 years)

Permission to Release Letter(s) of Recommendation

I request the Counseling Services Office submit Letter(s) of Recommendation written on my behalf by a guidance counselor and/or teacher(s).

Student Signature: _____

Parent Signature: _____

(for students under 18 years)

I have requested recommendations from the following teachers:
